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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10590417 | <b>Applicant(s)/Patent Under Reexamination</b><br>YAMANASHI ET AL. |
|   | <b>Examiner</b><br>QI HAN                  | <b>Art Unit</b><br>2626  |

| ORIGINAL           |                                   |          |     |     |     | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|-----|-----|-----|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |     |     |     | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 704                |                                   | 226      |     |     |     | G                            | 1 | 0 | L | 21 / 02 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 704                | 229                               | 500      | 501 | 503 | 504 |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        | 2     | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 2        | 3     | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 3        | 6     | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 1   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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|--|------------|----------------------------|-------------------|
| NONE                                       |            | Total Claims Allowed:<br>6 |                   |
| (Assistant Examiner)                       | (Date)     |                            |                   |
| /QI HAN/<br>Primary Examiner.Art Unit 2626 | 10/09/2009 | O.G. Print Claim(s)        | O.G. Print Figure |
| (Primary Examiner)                         | (Date)     | 14                         | 10                |